

New Jersey State Department of Education
Office of Licensure and Credentials

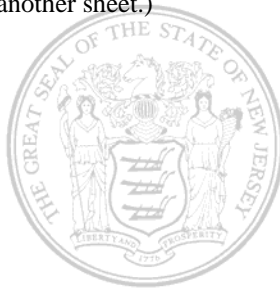
CRIMINAL HISTORY INFORMATION

Identification Information. Please print all.				
Last Name		First Name		Middle Name/Initial
Street Address				
City		State		Zip
Social Security Number	Date of Birth	Month	Day	Year

INFORMATION REGARDING CRIMINAL CONVICTIONS AND OFFENSES

You have indicated on your application for certification that you have a criminal conviction. Before your application can be processed, the State Board of Examiners, the teacher licensing authority in New Jersey, requires that you provide answers to the following questions regarding your criminal history. The State Board of Examiners will then review the information to determine if your application for certification can be accepted.

1. Specify and describe the nature and seriousness of the criminal conviction or offense. (Attach additional sheets as necessary. Include the Item # where items are continued on another sheet.)



Check as applicable: ☐ Crime ☐ Disorderly Person ☐ Petit Disorderly Person

2. Date of Offense/Conviction	Date of Arrest	Indictment No.	Date of Sentencing
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3. Exact name and address of court.

4. Were you sentenced? ☐ Yes ☐ No If yes, what was the sentence imposed (Include fines, community service, etc.)?

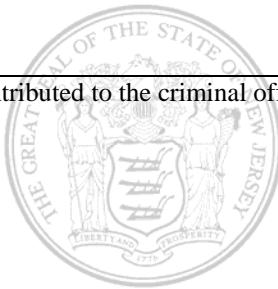
PLEASE COMPLETE SECTIONS ON NEXT PAGE

5. What was your age at the time the criminal conviction or offense was committed? _____

6. Describe the circumstances under which the criminal offense occurred.

7. Indicate if the criminal offense was an isolated or repeated incident.

8. Indicate any social conditions which may have contributed to the criminal offense.



9. Provide written evidence of rehabilitation, including good conduct in prison or in the community, counseling or psychiatric treatment received, acquisition of additional academic or vocational schooling, successful participation in correctional work-release programs, or the recommendation of persons who have supervised you in some capacity.

10. You may provide any additional information or documentation that you wish the State Board of Examiners to consider. For example, you may provide documentation such as an employment approval letter from the Criminal History Review unit in the New Jersey State Department of Education that approves you for public school employment or a copy of the judgment(s) of conviction for your offense(s). The phone number of the Criminal History Review unit is (609) 292-0507.

I certify that the aforementioned information is true. I am aware that I am subject to punishment if I willfully provide incorrect or misleading information.

Signature

Date (mm/dd/yyyy)

Once completed, return this form to: Jeff Lieberman, Coordinator for the State Board of Examiners, New Jersey State Department of Education, P.O. Box 500, Trenton, New Jersey, 08625-0500.

Note: Pursuant to N.J.A.C. 6A:9-17.3, candidates for certification must provide information regarding their criminal history, which will then be reviewed by the State Board of Examiners. Your application for certification may not be processed until you complete and return this form to the State Board of Examiners. In accord with N.J.A.C. 6A:9-5.4, fees are nonrefundable. If you do not complete the application process, you may not request that your money be returned to you.

OL&C07/14/2005